

**SAINT ANNE CHURCH FAITH FORMATION  
2021-2022 REGISTRATION**

<b>Parent/Guardian Information</b>		Family Name: _____
Father's Full Name: _____		
Cell Phone: _____	Work Phone: _____	
Mother's Full Name: _____		Maiden Name: _____
Cell Phone: _____	Work Phone: _____	
Mailing Address: _____		
Street	Town & State	Zip
Email Address: _____		Home Phone: _____
<b>Emergency Contact</b>		
Person other than Parent: _____		Phone: _____

**I understand that:**

*Registration forms may be returned by mail only when accompanied by full payment.*

*Registration forms with partial payment or in need of other arrangements, including scholarships, must be completed in the office with a faith formation staff member.*

*Registration forms received without payment will not be able to be processed.*

*Any outstanding fee from the previous year should be satisfied at the time of any new registration.*

**FIRST CHILD**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Grade for 2021-2022 \_\_\_\_\_  Male  Female

**AFTER SCHOOL PROGRAM—IN PERSON**

Circle one: PreK    K    1    2    3                      4:00pm to 5:00pm

Monday     Tuesday     Wednesday

**FAMILY FAITH PROGRAM**      Parents and children attend once a month on Saturday

Grades: PreK to grade 3      Mass at 4:00, then dinner and class until 6:45pm

**HOME PROGRAM**   

Sacraments already received:

Baptism (Church: \_\_\_\_\_)     1st Reconciliation     1st Eucharist

**SECOND CHILD**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Grade for 2021-2022 \_\_\_\_\_  Male  Female

**AFTER SCHOOL PROGRAM IN PERSON**

Circle one: PreK    K    1    2    3                      4:00pm to 5:00pm

Monday     Tuesday     Wednesday

**FAMILY FAITH PROGRAM**      Parents and children attend once a month on Saturday

Grades PreK to Grade 3      Mass at 4:00pm, then dinner and class until 6:45pm

**HOME PROGRAM**   

Sacraments already received:

Baptism (Church: \_\_\_\_\_)     1st Reconciliation     1st Eucharist

**2021-2022  
Fee Schedule:**

**Program Fee:**  
Per Child            \$75.00  
Family Cap:        \$200.00

**Non-Parishioner\***  
Program Fee:  
Per Child            \$150.00

- Non-Parishioner fee applies to those who wish to participate in the St. Anne Faith Formation Program but are not a registered family at Saint Anne Parish.*
- Registering in the Parish for the sake of the Faith Formation Program does not qualify you for the regular program fee until you have been registered parishioners for 1 year.*
- Families newly relocated, by way of a new physical address, would be considered regular parishioners and the regular program fee would apply.*

**THIRD CHILD**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Grade for 2021-2022 \_\_\_\_\_ [ ] Male [ ] Female

**AFTER SCHOOL PROGRAM IN PERSON**

Circle one: PreK K 1 2 3 4:00pm to 5:00pm

[ ] Monday [ ] Tuesday [ ] Wednesday

**FAMILY FAITH PROGRAM** Parents and children attend once a month on Saturday

[ ] Grades PreK to Grade 3 Mass at 4:00pm, then dinner and class until 6:45pm

**HOME PROGRAM [ ]**

Sacraments already received:

[ ] Baptism (Church: \_\_\_\_\_) [ ] 1st Reconciliation [ ] 1st Eucharist

**VOLUNTEER SUPPORT**

Your support assists in providing a quality experience of faith formation for your child. Please indicate grade levels and areas that you would be willing to assist.

I am willing to help with Grade level: \_\_\_\_\_

I am willing to serve, where appropriate as:

[ ] Catechist/Teacher [ ] Aid/Assistant [ ] Hall Monitor [ ] Retreat Help

**For After School Program**

[ ] Walker from Hampstead Central to the Classes Monday, Tuesday or Wednesday (3:25pm)

[ ] Pre-class Fun & Games from 3:30 to 4:00 on Monday, Tuesday or Wednesday

**For Family Faith Program**

[ ] Meal prep, set up & clean up

[ ] Babysit for small children during Parents' & children's class time

[ ] Teacher /assistant in a classroom

My signature on this form indicates, to the best of my knowledge, the information I have provided on this form is accurate and true.

\_\_\_\_\_ date \_\_\_\_\_

**For Office Use:**

Date  
Recv'd: \_\_\_\_\_

[ ] By Mail  
[ ] In Office

Total  
Due: \_\_\_\_\_

Payment  
Recv'd: \_\_\_\_\_

[ ] Check # \_\_\_\_\_  
[ ] Cash  
[ ] Credit

Balance  
Due: \_\_\_\_\_

Registration  
taken by: \_\_\_\_\_  
*(Initialed)*

**SCHOLARSHIPS**

Scholarship assistance is available on a limited basis and is considered on a case-by-case basis. Please talk with Pam Walsh for specifics and how to apply.

Return completed registration form along with payment to :

**Saint Anne Parish  
Faith Formation  
26 Emerson Avenue  
PO Box 339  
Hampstead, NH 03841**